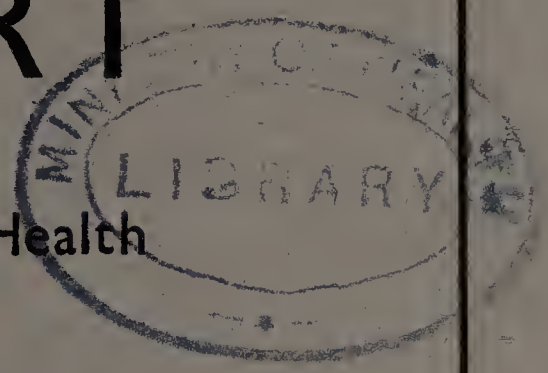


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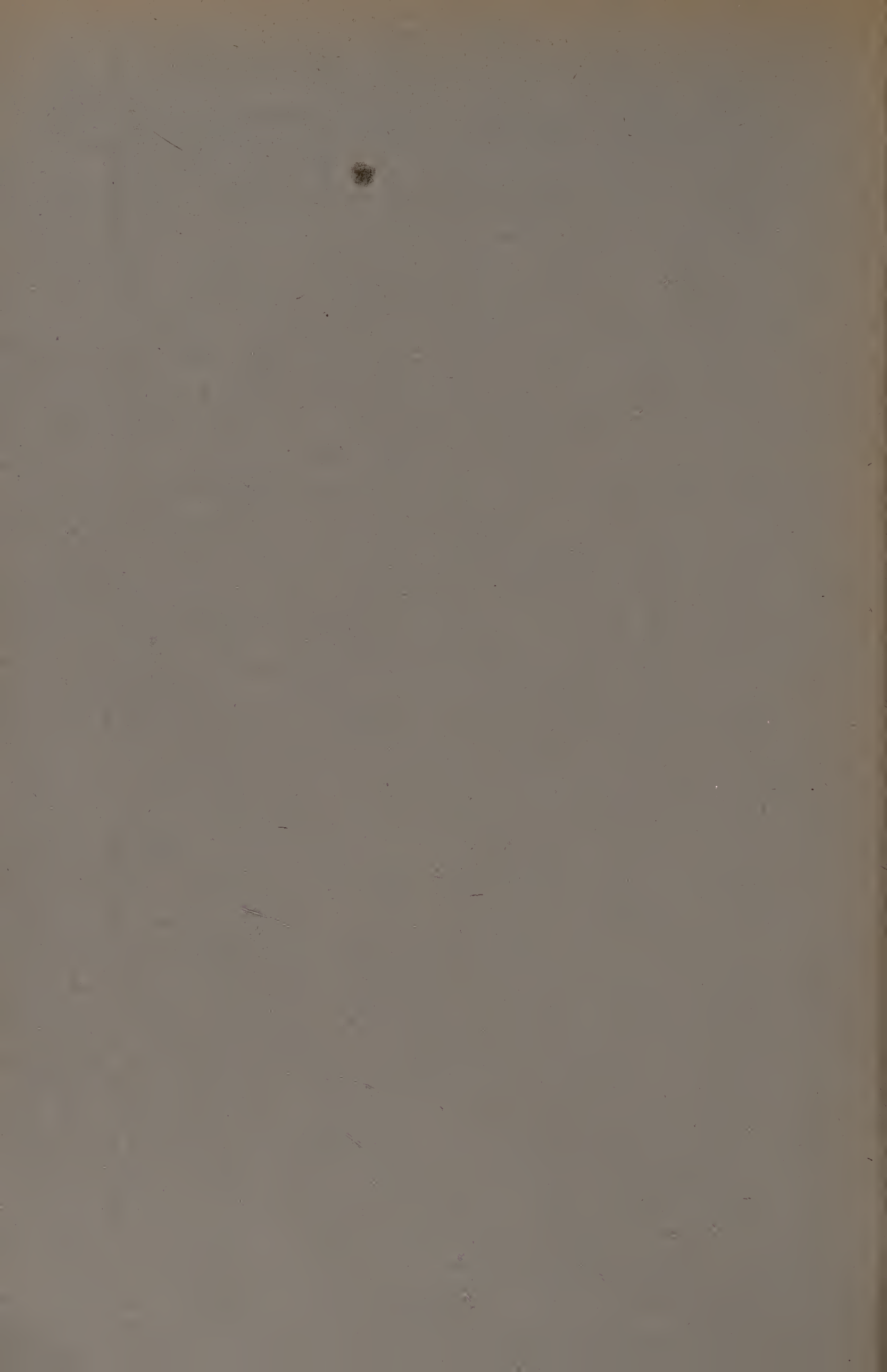
STAFFORD
RURAL DISTRICT COUNCIL

ANNUAL
REPORT

of the
Medical Officer of Health
and the
Chief Sanitary Inspector
FOR THE YEAR 1953



JUNE, 1954



ANNUAL REPORT

Public Health Department,
7, St. Mary's Grove,
Stafford

June, 1954.

TO THE CHAIRMAN AND MEMBERS OF THE
STAFFORD RURAL DISTRICT COUNCIL

Ladies and Gentlemen,

I have the honour of presenting to you the Annual Report for the year 1953. The report has been compiled on the general lines suggested in the Ministry of Health Circular 1/54.

In the Stafford Rural District in 1953 the Live Birth Rate was 14.4 per 1,000 population and the Death Rate 6.9, compared with respective figures of 15.5 and 11.4 for England and Wales. Live births in the rural district exceeded total deaths by 147. In England and Wales the expectation of life of a male child at birth is 67 years and that of a female child 72 years. Respective figures for 1841 were male 40 years, and female 42 years.

In the Stafford R.D. in 1953 there were 38 cases of Scarlet Fever compared with 59 in 1952. In recent years Scarlet Fever has become a mild disease, free from the serious complications of years ago, but the progressive fall in the mortality from the disease has not been accompanied by a comparable decline in the number of cases notified. Cases of Measles and Whooping Cough numbered 326 and 74, compared with respective figures of 47 and 46 for 1952. No cases of Diphtheria, Typhoid Fever, Dysentery or Poliomyelitis were notified in 1953. The last case of Diphtheria in the rural district was notified in 1947. The Tuberculosis Death Rate was 0.10 per 1,000 population compared with a figure of 0.20 for England and Wales. In 1953, 18 males and 16 females died from Malignant Neoplasms, in four of these males and two of the females the cause of death being certified as due to Cancer of the Lung or Bronchus. Recent pronouncements on Cancer of the Lung and Bronchus have provoked considerable discussion.

The mid-1953 population of the Stafford R.D. was given as 19,790 by the Registrar-General. The population figure for 1931 was 12,895. Of the 868,200 people in the Staffordshire Administrative County, 221,000 reside in the rural districts.

In the body of the report it will be seen that there are 4,650 dwellings in the Stafford R.D., 661 of these being farmhouses. 2,914 houses have a public mains water supply, while 1,488 rely upon well water, spring or other supply. 2,220 of the houses have water closets while 2,300 are served by pail closets or fixed privies ; 2,181 of the houses are without fixed baths. The Sanitary Inspectors made 3,466 visits during the year, the purpose of these being shown in tabular form in the report.

Eighty-six permanent new dwellings were erected by the Stafford R.D. in 1953 and 37 by private enterprise, the situations of these being noted in the report. In the Public Health Department detailed records of the dwellings in the district are available. Four hundred and seventy-six of the houses in the district are listed as Category 5 dwellings, i.e., unfit for habitation and beyond repair at reasonable cost. The Chief Sanitary Inspector reports that the licensed vans in the Council's area are fairly well scattered throughout the district and are satisfactorily kept and creating no nuisance. No caravan site licences have been granted.

In 1953, nine notices were served under Regulation 20, Milk and Dairies Regulations, 1949, requiring heat treatment of milk found to contain tubercle bacilli, the notices being withdrawn when the likelihood of the milk causing disease had been obviated.

I wish to conclude this introduction by thanking the staff of the Public Health Department for much help in the preparation of this report and for their satisfactory performance of work during 1953. Thanks are also expressed to the members of the Council for their help and interest in the work of the department, and to Dr. A. V. Campbell who has acted for me during holiday periods.

A. THOMSON.

Public Health Committee, 1953

Chairman—

COUNCILLOR A. J. BOURNE

Vice-Chairman—

COUNCILLOR H. C. PLANT

Members—

Councillor W. Bramall, J.P.
(Chairman of Council, 1953/4)

Councillor R. H. Cartmail

„ R. J. Fairbanks

„ Rev. W. F. O’N.
Fisher, M.A.

„ Mrs. E. M. E. Holt

„ A. H. Johnson

„ A. J. James

Councillor Miss G. Joules

„ H. J. Moulton, J.P.
(Chairman of Council, 1954/5)

Councillor S. W. K. Marshall

„ W. Martin, M.B.E.

„ D. H. T. Smith, C.C.

„ C. H. Stafford

„ Northcote, M.A.

„ C. S. Whiteley

Public Health Officers

Medical Officer of Health—

A. THOMSON, M.B., Ch.B., D.P.H. (Edin.)

Chief Sanitary Inspector—

G. M. LAWTON, A.M.I.S.E., M.S.I.A., Certified Food Inspector

Additional Sanitary Inspector—

F. WEEDON, M.S.I.A.

Clerk—

MRS. L. E. HOLLOWAY

Clerk and Trainee—

J. LEAR

General Statistics, Social Conditions and Health Services in the Area

Area (in acres)	..	..	..	..	..	80,249
Number of inhabited houses	..	..	..	..	..	4,650
Rateable Value	..	..	..	..	..	£87,620
Sum represented by a Penny Rate	..	..	..	..	..	£347
Yearly Rate Levied in 1953	..	..	..	..	..	16/-
Mid-1953 Population (as estimated by the Registrar-General) : Total Population	..	..	..	..	..	19,790
Estimated number of Agricultural Workers	..	..	..	..	..	1,250
Estimated number of workers in other occupations	..	..	..	..	..	5,250

There were no alterations in the boundaries of the Rural Area in 1953.

A map of the area is included in this report.

Industries

Many residents in the Area are normally mainly engaged in Agriculture, Dairy Farming and Allied occupations, but a substantial number of persons resident in the Rural Area are employed in the County Town of Stafford, where the chief industries are Engineering and Boot and Shoe Manufacturing. Estimated numbers are shewn above.

Laboratory Facilities, Ambulance Facilities, Nursing in the Home, Treatment Centres and Voluntary Hospitals

Bacteriological facilities are made available to Medical Practitioners in the Area by the Public Health Laboratory Service, Stafford. This Service is directed by the Medical Research Council for the Ministry of Health. The facilities include examination of Throat Swabs, Sputum Tests, Blood Tests, etc. Results of all examinations relevant to Public Health are made available to the appropriate Medical Officer of Health. The Director of the Stafford Laboratory is Dr. Phease, whose helpful advice is available to the Medical Officer of Health when occasion demands. Bacteriological examinations of samples of water are undertaken by the Laboratory Service.

Chemical Examinations of samples of water are carried out at the County Chemical Laboratory which is directed by Mr. Houlbrooke, the County Analyst. The results of such analyses are shewn in the body of the report.

The Stafford Rural District Council, until 5th July, 1948, had agreements with the Stafford Borough and Rugeley Urban District Councils for use of their Ambulances for general hospital work, and the services provided proved adequate and sufficient for the needs of the Rural Area. On 5th July, 1948, the duty of providing Ambulance Services was placed upon the County Council as Local Health Authority under the National Health Service Act, 1946. Until July 5th the Mid-Staffs. Joint Hospital Board, of which the Stafford R.D. was a constituent member, provided ambulance facilities for the conveyance of cases of Infectious Diseases to Isolation Hospitals under the Board's jurisdiction. The Regional Hospital Board (Birmingham) thereafter took over responsibility for these hospitals.

The County Council is the Maternity and Child Welfare Authority for the Stafford R.D. Area. Child Welfare Centres are available at Gnosall, Great Haywood, Hixon and Walton, and the Health Visitors do excellent work in promoting the Welfare of young children in the district. Your Medical Officer of Health attends the Welfare Centres and Schools in the Area and is thus enabled to assess the health standards of the young life in the district.

There are two General Medical Practitioners resident in the Stafford R.D. and Practitioners from the neighbouring towns of Stafford, Rugeley, Newport, etc., also practise in the Area. The various parishes in the Stafford R.D. are well served by District Nurse-Midwives.

The Staffordshire General Infirmary, from 5th July, 1948, under the direction of the Birmingham Regional Hospital Board, serves the general hospital needs of the district. From that date the Board also assumed responsibility for the provision of Maternity Hospital facilities which previously were provided by the Staffordshire County Council. There are also several small private Maternity Homes providing for the district.

During the year the Council subscribed to the Central Council for Health Education which represented the Ministry of Health

in Health Education matters and use was made of Health Education leaflets, etc., relating to Infectious Diseases, Food Hygiene and so on.

Vital Statistics for the Year 1953

In the Stafford Rural District in 1953 the Live Birth Rate per 1,000 of the population was 14.4 compared with a rate of 15.5 for England and Wales.

					Stafford R.D.
Year					Live Birth Rate per 1,000 Population
1953	..	..	..	..	14.4
1952	..	..	..	..	14.6
1951	..	..	..	..	15.2
1950	..	..	..	..	15.2
1949	..	..	..	..	20.8
1948	..	..	..	..	18.0
1947	..	..	..	..	18.7
1946	..	..	..	..	18.7
1945	..	..	..	..	18.2
1944	..	..	..	..	19.6
1943	..	..	..	..	21.1
1942	..	..	..	..	19.3

Of married women under 50 years of age in England and Wales at the 1951 Census, 21.8% had not so far given birth to a live-born child, 30.5% had had one child, 26.1% had had two children, 11.8% three children, and only about 10% had had four or more children. A comparison with the 1911 Census for married women under 45 years of age showed that 20% had five or more children in 1911 against 5% in 1951. In 1951 the size of the average family was 1.69.

The Still-Birth Rate per 1,000 Population was 0.20 in 1953, compared with 0.21 , 0.15, 0.16, 0.20, 0.79, 0.86, 0.27 in 1952, 1951, 1950, 1949, 1948, 1947 and 1946, respectively.

During 1953 the Rate of Illegitimate to Legitimate Births was 1 to 21, compared with figures of 1 to 18, 1 to 29, 1 to 19, 1 to 23, 1 to 16, 1 to 13, in 1952, 1951, 1950, 1949, 1948, and 1947, respectively.

There were 284 (283) Live Births in the Rural Area in 1953, 151 (139) boys and 133 (144) girls. The figures in brackets are the corresponding figures for 1952.

In the following table Comparative figures for Live and Still-Births are shewn for England and Wales :—

Year	Live Birth Rate per 1,000 Population		Still Birth Rate per 1,000 Population	
	Stafford R.D.	England and Wales	Stafford R.D.	England and Wales
1953	14.4	15.5	0.20	0.35
1952	14.6	15.3	0.21	0.35
1951	15.2	15.5	0.15	0.36
1950	15.2	15.8	0.16	0.37
1949	20.8	16.7	0.20	0.39
1948	18.0	17.9	0.79	0.42
1947	18.7	20.5	0.86	0.50
1946	18.7	19.1	0.27	0.53
1945	18.2	16.1	0.41	0.46
1944	19.6	17.6	0.40	0.50
1943	21.1	16.5	0.55	0.51

There were 4 Still-Births in the Rural Area (3m., 1f.) in 1953, all being legitimate.

Deaths

In 1953 the Death Rate per 1,000 of the population was 6.9 compared with a Rate of 11.4 for England and Wales.

Year	Death Rate per 1,000 Population				
	Stafford R.D.		England & Wales		
1953	6.9	..	11.4
1952	8.7	..	11.3
1951	9.3	..	12.5
1950	9.5	..	11.6
1949	10.1	..	11.7
1948	9.1	..	10.8
1947	10.2	..	12.0
1946	9.3	..	11.5
1945	10.9	..	11.4
1944	9.8	..	11.6
1943	12.9	..	12.1

In the Stafford Rural District in 1953, total deaths numbered 137, 73 males and 64 females. The excess of live births over total deaths was 147, compared with 113, 116, 106, 164, 135, 129 and 140 i n 1952, 1951, 1950, 1949, 1948, 1947 and 1946, respectively.

Deaths of infants under 1 year of age numbered 12, 12 legitimate and nil illegitimate, giving a Death Rate per 1,000 Live Births of 42 compared with 26.8 for England and Wales.

At the turn of the century in England and Wales the Infant Mortality Rate was about 150 per 1,000 live births.

Infant Mortality Rate

Year	Death Rate of Children under 1 year of age per 1,000 Live Births				
	Stafford R.D.		England & Wales		
1953	42	..	26.8
1952	21	..	27.6
1951	50	..	29.6
1950	39	..	29.8
1949	25	..	32
1948	29	..	34
1947	32	..	41
1946	61	..	43
1945	22	..	46
1944	44	..	46

Deaths of Children under One Year of Age, Stafford Rural District, 1953

M. or F.	Age at Death	Cause of Death
F.	2 hours	Anencephaly
F.	3 hours	Prematurity
M.	4 hours	Congenital Deformity of Heart
F.	2 days	Prematurity
F.	2 days	Pulmonary Atelectasis
F.	3 days	Prematurity
M.	3 days	„
M.	7 days	„
F.	10 days	Erythroblastosis Foetalis
M.	3 weeks	Spina Bifida and Hydrocephalus
M.	9 months	Gastro-enteritis
F.	11 months	Congenital Defect of Heart

In England and Wales in 1953 the numbers of stillbirths and infant deaths were the lowest recorded. Live births registered during the year numbered 682,007, which was 8,721 more than in 1952. There were 18,180 deaths of children under one year of age in 1953, representing a rate of 26.8 per 1,000 live births. This was the lowest annual rate recorded and compares with 27.6 in 1952 and 52.8 in 1938.

The total number of deaths in 1953 was 503,403, representing a rate of 11.4 per thousand population, compared with rates of 11.3 in 1952 and 12.5 in 1951. Stillbirths in 1953 numbered 15,630, a rate of 22.4 per thousand total live and still births. This was a slight improvement on the previous lowest rate of 22.6 in 1952.

The population of England and Wales at 31st December, 1953, was estimated to be 44,166,000 (of whom 21,249,000 were men and 22,917,000 were women) an increase of approximately 420,000 since the last Census in April, 1951. The number of people aged 65 or over has increased by 68,000 since December, 1952, and the number of children aged under 15 by 61,000. The number of those aged between 15 and 64 had declined by 6,000. The population is expected to increase to 45,378,000 by 1963, to 46,175,000 by 1973 and to 46,382,000 by 1993. On the basis of the death rates for 1952, the expectation of life of a boy at birth is 67.06 years and of a girl 72.35 years—compared with 48.53 and 52.38 years respectively in the years 1901 to 1910.

The 1953 "Annual Abstract of Statistics" revealed that at the time of the 1951 Census 1,046,200 of Britain's 14,481,500 households were occupied by women living alone, households in which the only occupants were women totalled 2,590,300. Men living alone numbered 317,700; households occupied only by men numbered 917,600. Of the total number of households, 3,998,500 were occupied by two people, forming the largest group, and 3,592,800 by three people. There were no children under 16 in 8,228,100 households, and only one child in 3,079,900. Households with five or more children totalled 165,700. The nation's 14½ million households included 161,400 consisting of only one room and 795,100 of two rooms. The highest number—4,567,100—were of five rooms, and the next highest—3,761,100—of four rooms. A total of 717,000 dwellings were occupied by two households, and 108,500 by three. There were 8,200 dwellings occupied by seven or more households.

Catering establishments in 1952 numbered 222,200, serving 220 million meals each week. Expenditure on food amounted to £3,315 millions in 1952, on drink £850 millions, on tobacco £821 millions, on clothing £1,017 millions and on rent, rates and water charges £736 millions.

Deaths of men from Cancer of the lung and bronchus have increased by 57 per cent. since 1947, the rate per million population in 1953 being 607 compared with 568 in 1952. The rate for women was 99 per million compared with 98 in 1952. Death rates from all forms of Cancer in 1953 were 2,165 for men and 1,836 for women, compared with 1952 figures of 2,151 and 1,850 respectively. Of the 45,924 male deaths from Cancer in 1953, 12,873 or 28 per

cent. were due to Cancer of the lung and bronchus. Of the 41,989 female Cancer deaths, 2,255 or five per cent. were due to Cancer of the lung and bronchus.

In 1953 the fall in Tuberculosis deaths continued, the total number of deaths from Respiratory Tuberculosis being 7,911 representing a death rate of 179 per million persons. This showed a decrease of 16 per cent. compared with 1952, a decrease of more than 50 per cent. compared with 1949 and of more than 60 per cent. since 1947. The 1953 death rate for Non-Respiratory Tuberculosis was 22 per million, compared with 28 for 1952.

Population—England and Wales

Year		Males	Females	Total
1801	..	4,254,735	4,637,801	8,892,536
1851	..	8,781,225	9,146,384	17,927,609
1901	..	15,728,613	16,799,230	32,527,843
1951	..	21,049,000	22,751,000	43,800,000
1953	..	21,213,000	22,877,000	44,090,000

Population of England and Wales, Mid-1953

(Figures in thousands)

Age		Persons	Males	Females
All ages	..	44,090	21,213	22,877
0—	..	664	340	324
1—	..	650	333	317
2—	..	667	342	325
3—	..	686	350	336
4—	..	718	368	350
5—	..	3,597	1,839	1,758
10—	..	2,877	1,470	1,407
15—	..	2,743	1,343	1,400
20—	..	2,825	1,375	1,450
25—	..	3,074	1,530	1,544
30—	..	3,341	1,655	1,686
35—	..	3,041	1,493	1,548
40—	..	3,355	1,658	1,697
45—	..	3,279	1,620	1,659
50—	..	2,933	1,403	1,530
55—	..	2,507	1,138	1,369
60—	..	2,184	957	1,227
65—	..	1,843	784	1,059
70—	..	1,450	588	862
75—	..	970	380	590
80—	..	480	181	299
85 and over		206	66	140

The population of Staffordshire was 1,630,500 (1,621,013), that of the Administrative County being 868,200 (855,184). Figures in brackets represent populations at the 1951 Census. The following table gives the populations of the 10 rural districts in Staffordshire at Mid-1953.

Rural District			Population
Stafford	..	..	19,790
Cannock	..	..	24,710
Cheadle	..	..	32,850
Leek	..	..	16,810
Lichfield	..	..	43,180
Newcastle	..	..	17,290
Seisdon	..	..	23,630
Stone	..	..	16,520
Tutbury	..	..	14,870
Uttoxeter	..	..	11,350

Of the total population of Staffordshire mid-1953, 762,300 (765,829) resided in the six County Boroughs, 647,200 (640,665) in the 25 Municipal Boroughs and Urban Districts and 221,000 (214,519) in the 10 Rural Districts.

At the 1951 Census the population of the Stafford Rural District was 18,600 (10,392 males, 8,208 females) which represented an increase of 44.2% over the 1931 figure of 12,895.

In 1952, 22% of the population of England and Wales was aged under 15, 67% between 15 and 64 and 11% aged 65 and over. In 1901 corresponding figures were 32, 63 and 5%. It is stated that this process of change in the age structure of the population can be expected to continue for many years, and 50 years from now the situation may be that there will be as many elderly people in the population as there will be children under 15. In England and Wales in 1952 the expectation of life at birth was 67 for males and 72 for females.

Expectation of Life, England and Wales

		Male	Female
1841	..	40	42
1871—80	..	41	45
1910—12	..	52	55
1930—32	..	59	63
1942	..	62	67
1952	..	67	72

Deaths, England and Wales

	1948	1949	1950	1951	1952
Respiratory Tuberculosis	18,798	17,471	14,079	12,031	9,335
Non-Resp. Tuberculosis	2,877	2,326	1,890	1,775	1,250
Diphtheria	155	84	49	33	32
Whooping Cough ..	748	527	394	456	184
Measles	326	307	221	317	141
Malignant Disease of Lung and Bronchus	10,162	10,975	12,241	13,247	14,218
Motor Vehicle Accidents	3,579	3,836	4,230	4,510	4,117

Stafford R.D. Deaths, 1953 : Causes

Cause of Death	Males	Females	Totals
Tuberculosis of Respiratory System ..	1	1	2
Other forms of Tuberculosis	—	—	—
Syphilitic Disease	—	—	—
Diphtheria	—	—	—
Whooping Cough	—	—	—
Meningococcal Infections	—	—	—
Acute Poliomyelitis	—	—	—
Measles	—	—	—
Other Infective and Parasitic Diseases	1	—	1
Malignant Neoplasms : all sites ..	18	16	34
Diabetes	—	1	1
Vascular lesions of Nervous System ..	6	11	17
Diseases of Heart and Circulatory System	21	15	36
Influenza	2	1	3
Pneumonia	2	1	3
Bronchitis	2	1	3
Other Diseases of Respiratory System	—	—	—
Ulcer of Stomach and Duodenum ..	—	—	—
Gastritis, Enteritis and Diarrhoea ..	1	—	1
Nephritis	—	—	—
Diseases of Genito-Urinary System ..	2	—	2
Maternal Causes	—	1	1
Congenital Malformations	2	2	4
Motor Vehicle Accidents	3	1	4
All other Accidents	2	1	3
Suicide	—	—	—
Homicide	—	2	2
All Other Causes.. .. .	10	10	20
TOTALS	73	64	137

Compared with 1900 the death rate from Respiratory Tuberculosis in England and Wales in 1950 was less than a quarter what it was, the reduction from Non-Respiratory forms being even greater. During the 60 years 1851—1910, Tuberculosis Mortality was declining steadily at the rate of 1% per annum and during the 30 years 1921—1950 the rate of decline doubled. The years 1951 and 1952 showed further considerable declines. In 1952 deaths from all forms of Tuberculosis reached the new low level of 10,585 giving a rate of 240 per million living (Respiratory 212, Non-Respiratory 28). Mortality has fallen 59% in the last 14 years and by 52% in the last four years.

Cancer Mortality

Malignant neoplasms caused 34 deaths in the rural area in 1953 (18 males, 16 females).

Mortality from Cancer all forms, England and Wales

Year	Number of Deaths			Death Rate per Million	
	Male	Female	Total	Male	Female
1942 ..	34,945	36,875	71,820	2,080	1,720
1943 ..	35,935	37,631	73,566	2,200	1,752
1944 ..	35,887	37,610	73,497	2,217	1,741
1945 ..	37,318	38,394	75,712	2,274	1,766
1946 ..	38,319	39,197	77,516	2,058	1,783
1947 ..	39,927	39,857	79,784	2,036	1,797
1948 ..	41,302	40,353	81,655	2,028	1,803
1949 ..	42,196	41,008	83,204	2,050	1,821
1950 ..	43,570	41,700	85,270	2,058	1,840
1951 ..	44,632	41,448	86,080	2,120	1,822
1952 ..	45,429	42,213	87,642	2,151	1,850

Cancer of the Lung and Bronchus

In the Stafford Rural District in 1953 there were six deaths registered as being due to Carcinoma of the Lung or Bronchus—four males (aged 79, 74, 63, 50) and two females (aged 71, 66).

The subject of Carcinoma of the Lung and Bronchus has been given prominence in recent months. The increase in deaths from Lung Cancer began in 1919 and has continued ever since. The increase in males is much greater than in females. In 1931 in England and Wales there were 1,358 male and 522 female deaths attributed to Lung Cancer. These figures represent 5% of all cancer deaths and 0.5% of deaths from all causes in males, 2% of all cancer deaths and 0.2% of deaths from all causes in females.

In 1951 deaths had risen to 11,166 males and 2,081 females, and in 1952 to 11,981 male and 2,237 female deaths from lung carcinoma. The 1952 figures represent 26% of all cancer deaths and nearly 5% deaths from all causes in males, and 5% of all cancer deaths and 1% of deaths from all causes in females. The highest mortality from lung cancer in males occurred in the 65—74 age group, while in females the highest rate occurred in the 75 and over age group.

The Standing Committee on Cancer and Radiotherapy has advised the Minister of Health of its opinion on the relationship between smoking and lung cancer. This opinion states that there is a strong presumption that the relationship is causal, though this relationship is not, however, a simple one. The Minister has stated that “it is desirable that young people should be warned of the risks apparently attendant on excessive smoking”. In the Committee’s opinion, there is no definite evidence proving that there is an agent in tobacco smoke which causes cancer of the lung. Statistical evidence indicates that it is unlikely that the increase in the incidence of lung cancer is entirely due to increases in smoking. The difference in incidence between urban and rural areas and between different towns suggest that other factors, such as atmospheric pollution and occupational risks, may be operating. It has been stated that no immediate dramatic fall in death rates could be expected if smoking ceased, since the development of lung cancer may be the result of factors operating over many years. No reliable quantitative estimates can be made on the effect of smoking on the incidence of lung cancer, but it would appear that the risk increases with the amount smoked, this applying particularly to cigarettes. The Minister of Health has accepted the Committee’s view that the statistical evidence points to smoking as a factor in lung cancer, but drew attention to the fact that there is so far no firm evidence of the way in which smoking may cause lung cancer or of the extent to which it does so. Research is being pressed forward and the results of this research will determine future action. Comparable increases in the incidence of lung cancer have been reported in all countries from which reliable statistics are available. Dr. Richard Doll and Professor Bradford Hill of the Statistical Unit of the Medical Research Council whose studies first brought the matter to light preferred to use the term “association” rather than cause and effect. It is certain that tobacco smoking cannot be the only factor since the disease occurs in non-smokers, so presumably several factors or a combination of factors is responsible. Tars derived from tobacco smoke have been shown in America to produce skin cancer in mice after prolonged application, but this is not considered conclusive evidence of the presence of a substance producing cancer of the lung.

**Names of Parishes in Stafford Rural District shewing number of
houses (including farm houses), approximate population figures and
Incidence of Infectious Diseases in each parish in 1953**

Name of Parish	Number of Houses	Approximate Population	Infectious Diseases Notified										
			Scarlet Fever	Diphtheria	Measles (excluding Rubella)	Whooping Cough	Primary Pneumonia	Dysentery	Enteric or Typhoid	Para- typhoid	Erysipelas	Poliomyelitis	Pulmonary Tuberculosis
Adbaston ..	166	619	—	—	3	—	—	—	—	—	1	—	1
Berkswich..	330	1,265	1	—	22	13	1	—	—	—	—	—	—
Bradley ..	83	322	—	—	—	—	—	—	—	—	—	—	—
Brocton ..	210	805	6	—	22	3	—	—	—	—	—	—	—
Castle Church ..	184	751	1	—	11	4	—	—	—	—	—	—	—
Church Eaton ..	260	1,007	3	—	40	—	—	—	—	—	—	—	—
Colwich ..	471	1,781	3	—	47	12	1	—	—	—	—	—	2
Creswell ..	89	322	2	—	4	—	—	—	—	—	—	—	—
Ellenhall ..	51	172	—	—	1	—	—	—	—	—	—	—	—
Forton ..	196	716	1	—	5	2	—	—	—	—	1	—	—
Fradswell ..	45	155	—	—	9	3	—	—	—	—	—	—	1
Gayton ..	51	190	—	—	5	—	—	—	—	—	—	—	—
Gnosall ..	661	2,331	9	—	11	—	2	—	—	—	—	—	—
Haughton ..	163	537	—	—	1	2	—	—	—	—	—	—	—
High Offley	214	750	—	—	32	—	1	—	—	1	—	—	1
Hopton and Coton	252	3,406	5	—	23	3	1	—	—	—	—	—	2
Ingestre ..	46	139	—	—	18	1	—	—	—	—	—	—	1
Marston ..	47	208	—	—	1	—	—	—	—	—	—	—	—
Norbury ..	86	291	—	—	14	—	—	—	—	—	—	—	—
Ranton ..	66	276	—	—	17	—	—	—	—	—	—	—	—
Salt and Enson ..	95	386	—	—	1	4	1	—	—	—	—	—	1
Seighford ..	315	1,120	6	—	13	5	1	—	—	—	—	—	—
Stowe ..	360	1,400	—	—	10	17	—	—	—	—	—	—	1
Tixall ..	46	206	—	—	12	2	—	—	—	—	—	—	—
Weston ..	113	418	—	—	3	2	—	—	—	—	—	—	—
Whitgreave ..	50	217	1	—	1	1	—	—	—	—	—	—	—
TOTALS ..	4,650	19,790	38	—	326	74	8	—	—	1	2	—	10

No cases of Poliomyelitis occurred in the Stafford R.D. in 1953. It is reported that much work on the possibility of producing an active immunizing agent against Poliomyelitis is being carried out in both the U.S.A. and this country and there is even now the promise that an efficient immunizing preparation against the Poliomyelitis virus may emerge within the next few years.

Infectious Diseases

The Incidence of Infectious Diseases in 1953 compared with that of previous years is shewn below in tabular form. :—

Disease	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942
Scarlet Fever ..	38	59	27	32	34	55	35	26	27	46	59	18
Whooping Cough	74	46	201	5	36	53	16	37	35	25	78	22
Diphtheria ..	—	—	—	—	—	—	2	—	2	6	4	5
Erysipelas ..	2	1	2	5	5	3	1	2	4	2	2	9
Measles (excluding Rubella) ..	326	47	126	314	43	115	125	1	164	75	110	10
Primary Pneumonia	8	8	7	10	6	2	3	3	2	5	6	12
Puerperal Pyrexia	1	1	—	—	—	1	2	—	1	5	1	4
Cerebro-Spinal Fever	—	—	—	—	—	—	—	—	1	—	—	3
Dysentery ..	—	—	5	5	—	—	1	10	1	7	2	—
Typhoid Fever	—	—	—	—	—	—	—	1	—	—	—	—
Para-Typhoid Fever	1	—	—	—	—	—	—	1	—	—	—	—
Poliomyelitis ..	—	—	1	9	1	—	6	—	—	—	—	—

It has been stated that Scarlet Fever is a diminishing hazard to the child life of this country, the vast majority of cases being of a very mild type.

Mortality, Scarlet Fever, England & Wales 1871—1952

Year	Deaths per million population at all ages
1871—80	719
1881—90	338
1891—1900	158
1901—10	105
1911—20	48
1921—30	23
1931—40	11
1941—50	1.8
1951	0.8
1952	0.5

Staffordshire—10 Rural Districts, 1952

Rural District	Population		Mean Area per Person in Acres	Live Birth Rate per 1,000 Population	Adjusted Live Birth Rate by Comparability Factor	Still Birth Rate per 1,000 Population	Crude Death Rate per 1,000 Population	Adjusted Death Rate by Comparability Factor	Neonatal Mortality Rate per 1,000 Live Births (Infants under 4 weeks of Age)	Death Rate Infants under 1 Year of Age per 1,000 Live Births	Death Rate per 1,000 Population						
	1951 Census	Estimated 1952									Measles	Whooping Cough	Diphtheria	Respiratory Tuberculosis	Non-Respiratory Tuberculosis	Malignant Neoplasms	Pneumonia
Stafford ..	18,600	19,430	4.1	14.6	16.1	0.21	8.7	9.7	14	21	—	—	—	0.05	0.10	0.77	0.21
Cannock ..	24,161	24,400	2.3	18.6	19.3	0.53	8.3	9.3	20	29	—	0.04	—	0.12	0.08	1.43	0.29
Cheadle ..	32,839	32,810	1.8	14.2	15.1	0.43	9.8	10.2	9	19	—	—	—	0.06	0.06	1.68	0.43
Leek ..	16,859	16,820	4.3	16.3	16.3	0.54	9.7	9.9	18	26	—	—	—	0.06	—	1.43	0.42
Lichfield ..	41,092	41,970	2.0	14.4	17.1	0.26	7.4	8.5	18	31	—	—	—	0.07	0.02	1.31	0.26
Newcastle ..	17,134	17,180	2.3	14.3	14.9	0.47	11.8	11.3	20	33	—	—	—	0.06	—	1.80	0.29
Seisdon ..	22,344	22,430	1.9	14.9	14.9	0.67	8.9	9.5	9	12	—	0.04	—	0.29	—	1.25	0.09
Stone ..	16,785	16,470	3.7	14.6	12.1	0.61	9.1	9.6	4	21	—	—	—	—	0.06	1.76	0.24
Tutbury ..	14,838	14,820	2.1	15.2	15.2	0.34	10.9	10.4	27	27	—	—	—	0.07	—	1.62	0.61
Uttoxeter ..	9,867	11,170	5.1	15.9	19.6	0.27	8.6	9.0	22	39	—	0.09	—	0.09	—	0.90	0.27
Totals and Averages ..	214,519	217,500	2.7	15.2	16.0	0.42	9.1	9.6	16	25	—	0.01	—	0.07	0.04	1.41	0.30

Rural Districts, Staffordshire, 1952

Rural District	Estimated Population for Calculating Rate	Small-pox		Typhoid Fever		Paratyphoid		Scarlet Fever		Whooping Cough		Diphtheria		Erysipelas		Measles		Pneumonia		Puerperal Pyrexia		No. of Cases of Polio-myelitis
		C.	R.	C.	R.	C.	R.	C.	R.	R.	C.	C.	R.	C.	R.	C.	R.	C.	R.	C.	R.	
Stafford	19,430	—	—	—	—	—	—	59	3.04	46	2.37	—	—	1	0.05	47	2.42	8	0.41	1	0.05	—
Cannock	24,400	—	—	—	—	—	—	32	1.31	30	1.23	2	0.08	1	0.04	38	1.56	6	0.25	—	—	1
Cheadle	32,810	—	—	—	—	—	—	22	0.67	26	0.79	—	—	4	0.12	327	9.97	46	1.40	3	0.09	—
Leek	16,820	—	—	—	—	—	—	15	0.89	39	2.32	—	—	—	—	254	15.10	8	0.48	1	0.06	1
Lichfield	41,970	—	—	—	—	—	—	42	1.00	74	1.76	—	—	4	0.10	109	2.60	44	1.05	2	0.05	3
Newcastle	17,180	—	—	—	—	—	—	23	1.34	72	4.19	—	—	4	0.23	243	14.14	4	0.23	1	0.06	10
Seisdon	22,430	—	—	—	—	—	—	32	1.43	159	7.09	—	—	3	0.13	110	4.90	14	0.62	1	0.04	—
Stone	16,470	—	—	—	—	—	—	4	0.24	29	1.76	—	—	1	0.06	218	13.24	3	0.18	—	—	2
Tutbury	14,820	—	—	—	—	—	—	16	1.08	85	5.74	—	—	—	—	60	4.05	5	0.34	1	0.07	1
Uttoxeter	11,170	—	—	—	—	—	—	14	1.25	39	3.49	—	—	2	0.18	143	12.80	6	0.54	1	0.09	1

C.—Cases R.—Rate Number of Cases and Rates per 1,000 Population.

Infectious Diseases—England and Wales

SCARLET FEVER

Year	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Cases	78,101	65,302	59,433	85,084	116,034	92,671	73,687	56,730	58,047	74,831	70,667	65,889	48,744	67,261
Deaths	181	154	133	104	134	107	84	43	42	37	18	33	37	23
Case Fatality (%)	0.23	0.24	0.22	0.12	0.12	0.12	0.11	0.08	0.07	0.05	0.03	0.05	0.08	0.03

Most of Scarlet Fever cases now are very mild ; the progressive fall in mortality has not been accompanied by a comparable decline in the number of cases.

MEASLES

Year	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Notifications	409,521	409,715	286,341	376,104	158,479	446,796	160,402	393,787	399,606	385,935	367,725	616,192	389,502
Deaths	857	1,145	458	773	243	729	204	644	327	307	221	317	141
Case Fatality (%)	0.21	0.28	0.16	0.21	0.15	0.16	0.13	0.16	0.08	0.08	0.06	0.05	0.04

WHOOPING COUGH

Year	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Notifications	53,607	173,330	66,016	96,136	94,044	62,691	92,936	92,682	146,410	102,816	157,781	169,441	114,869
Deaths	678	2,383	799	1,114	1,054	689	808	905	748	527	394	457	184
Case Fatality (%)	1.26	1.37	1.21	1.16	1.12	1.10	0.87	0.98	0.51	0.51	0.25	0.27	0.16

POLIOMYELITIS

Year	1944	1945	1946	1947	1948	1949	1950	1951	1952
Total Cases	526	853	673	7,766	1,848	5,967	7,752	2,609	3,902
Deaths	109	139	128	707	241	657	755	217	295

Age—Incidence of Infectious Diseases, 1953

AGE- GROUPS	Scarlet Fever		Diph- theria		Measles (exclud- ing Rubella)		Whoop- ing Cough		Primary Pneum'nia		Dys- entery		Enteric or Typhoid Fever		Para- Typhoid Fever		Ery- sipelas		Polio- myelitis		Pul- monary Tuber- culosis	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	—	—	—	—	4	4	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1— 4 years	4	4	—	—	71	60	16	21	—	—	—	—	—	—	1	—	—	—	—	2	—	—
5—10 years	12	17	—	—	85	80	13	16	—	1	—	—	—	—	—	—	—	—	—	—	—	—
11—15 years	1	—	—	—	8	6	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16—20 years	—	—	—	—	1	1	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—
21—30 years	—	—	—	—	4	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—
31—50 years	—	—	—	—	1	—	1	—	2	—	—	—	—	—	—	—	1	1	—	3	1	—
51—70 years	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—
Over 70 years	—	—	—	—	—	—	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	17	21	—	—	174	152	34	40	5	3	—	—	—	—	1	—	—	2	—	7	3	—

Infectious Diseases Notifications, 1953, showing Months of Occurrence
(1952 Figures in Brackets)

MONTH	Scarlet Fever	Diph- theria	Measles (exclud- ing Rubella)	Whoop- ing Cough	Pneum'ia (Acute) Primary	Dysen- tery	Food Poison- ing	Enteric or Typhoid Fever	Para- Typhoid Fever	Ery- sipelas	Poliomyelitis Para- lytic	Poliomyelitis Non- Paralytic
January ..	6 (8)	— (—)	26 (10)	22 (3)	4 (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
February ..	6 (6)	— (—)	88 (11)	12 (2)	— (2)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
March ..	7 (7)	— (—)	61 (7)	— (9)	— (1)	— (—)	— (—)	— (—)	— (—)	1 (—)	— (—)	— (—)
April ..	1 (2)	— (—)	57 (—)	3 (4)	1 (2)	— (—)	— (—)	— (—)	— (—)	1 (—)	— (—)	— (—)
May ..	3 (6)	— (—)	26 (3)	4 (5)	1 (1)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
June ..	8 (4)	— (—)	29 (2)	— (6)	— (1)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
July ..	5 (2)	— (—)	30 (4)	6 (7)	2 (—)	— (—)	1 (—)	— (—)	— (—)	— (—)	— (—)	— (—)
August ..	— (—)	— (—)	6 (5)	8 (—)	— (1)	— (—)	— (—)	— (—)	1 (—)	— (—)	— (—)	— (—)
September ..	— (4)	— (—)	1 (5)	4 (4)	— (—)	— (—)	— (—)	— (—)	— (—)	— (1)	— (—)	— (—)
October ..	— (9)	— (—)	— (—)	6 (3)	— (—)	— (—)	1 (—)	— (—)	— (—)	— (—)	— (—)	— (—)
November ..	1 (8)	— (—)	1 (—)	2 (3)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
December ..	1 (3)	— (—)	1 (—)	7 (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
TOTALS ..	38 (59)	— (—)	326 (47)	74 (46)	8 (8)	— (—)	2 (—)	— (—)	1 (—)	2 (1)	— (—)	— (—)

Statistics, 1953

	Stafford Rural District	England and Wales	160 County Boroughs and Great Towns (including London)	160 smaller Towns with Resident Population 25,000—50,000 at 1951 census	London Administrative County
Births :—		Rates	per 1,000 Population		
Live Births	14.4	15.5	17.0	15.7	17.5
Still Births	0.20	0.35	0.43	0.34	0.38
Deaths :—					
All causes	6.9	11.4	12.2	11.3	12.5
Typhoid and Paratyphoid	—	0.00	0.00	—	—
Whooping Cough	—	0.01	0.01	0.00	0.00
Diphtheria	—	0.00	0.00	0.00	—
Tuberculosis	0.10	0.20	0.24	0.19	0.24
Influenza	0.15	0.16	0.15	0.17	0.15
Smallpox	—	0.00	0.00	0.00	—
Acute Poliomyelitis (includ'g Polioencephalitis)	—	0.01	0.01	0.01	0.01
Pneumonia	0.15	0.55	0.59	0.52	0.64
NOTIFICATIONS					
Typhoid Fever	—	0.00	0.00	0.00	0.01
Paratyphoid Fever	0.05	0.01	0.01	0.01	0.01
Meningococcal Infections	—	0.03	0.04	0.03	0.03
Scarlet Fever	1.90	1.39	1.50	1.44	1.02
Whooping Cough	3.74	3.58	3.72	3.38	3.30
Diphtheria	—	0.01	0.01	0.01	0.00
Erysipelas	0.10	0.14	0.14	0.13	0.12
Smallpox	—	0.00	0.00	0.00	—
Measles	16.47	12.36	11.27	12.32	8.09
Pneumonia	0.40	0.84	0.92	0.76	0.73
Acute Poliomyelitis (including Polioencephalitis)	—	0.07	0.06	0.06	0.07
Paralytic	—	0.04	0.03	0.04	0.03
Non-Paralytic	—	0.24	0.25	0.24	0.38
Food Poisoning	0.10				
Deaths :—		Rates per 1,000 Live Births			
All causes under 1 yr. of age	42.2	26.8	30.8	24.3	24.8
NOTIFICATIONS :		Rates per 1,000 Total (Live and Still) Births			
Puerperal Pyrexia	3.47	18.23	24.33	12.46	28.61

Diphtheria Immunisation

During 1953 facilities were available for the Diphtheria Immunisation of children at schools, welfare centres and by private practitioners.

With the fall in the number of cases of and deaths from Diphtheria a feeling of complacency may be engendered in the public mind. The maintenance of an adequate level of immunisation is absolutely essential.

It is vital to secure that not less than 75% of children are immunised before their first birthday.

Intensive efforts must, therefore, be continued to achieve the level of immunisation necessary. The fullest publicity is advocated by the Ministry as essential if parents are to be helped to realize that Diphtheria is still a deadly threat and to be persuaded to have their children immunised.

The incidence of Diphtheria continues to fall. Records of corrected notifications were first kept in 1944, and, since then, notifications have fallen from over 23,000 in 1944 to 240 in 1953, the latter provisional figure being a new low record.

Year	Notifications	Deaths
1944	23,199	934
1945	18,596	722
1946	11,986	472
1947	5,609	244
1948	3,575	156
1949	1,890	84
1950	962	49
1951	664	33
1952	376	32
1953	240	24

The number of children in England and Wales immunised under local authority arrangements from the beginning of 1940 until June 30th, 1953, was 10,569,796. The object of the Diphtheria Immunisation campaign is to secure immunisation of not less than 75% of children before their first birthday. Taking account of the birth rate in 1953, the immunisation objective for 1954 is 498,000 children under one year. Only 28% of children reaching one year of age in 1951 were immunised, in 1952, 31%, and in the first half of 1953, 31.5%. This figure is regarded as a disturbingly low percentage. The Ministry of Health stresses the need for intensive effort in the field of Diphtheria Immunisation, as the elimination of the disease is conditional upon the maintenance of an adequate level of immunisation. If parents leave their children unprotected there may be a return of outbreaks of Diphtheria. It is recorded that 13.6% of

notifications in 1952 in England and Wales came from South Staffordshire (approximate population 200,000) and almost all were due to the gravis type of diphtheria bacillus.

Deaths from diphtheria at the present time represent for the most part severe reactions in children without previous active immunisation and with much lessened changes than formerly of immunity acquired by previous contact with mild infection. In 1952, only three cases of diphtheria occurred in the initial year of life, and of the total cases for which immunisation record information was available, 240 (63%) were under 15 years of age and of this number 89 had had a full course of immunisation though in the great majority this had been carried out more than five years previously. It is recognised that after such an interval protection given by primary immunisation has weakened very considerably. Among these cases there were 16 deaths in children under 15 years and only one of these had been immunised at any time, giving a case fatality rate in non-immunised children of 9.9% and 1.1% in the immunised. The following table shows the Diphtheria Immunisation figures for the Stafford Rural District in 1953 :—

Age		Primary Immunisation	Reinforcing Injections
Under 1 year	..	52	—
1—2	.. ..	86	—
2—3	.. ..	29	—
3—4	.. ..	17	—
5—9	.. ..	29	59
10—14	.. ..	2	8
		<hr/>	<hr/>
Totals	..	215	67
		<hr/> <hr/>	<hr/> <hr/>

VACCINATION AGAINST SMALLPOX

When related to the 669,832 births in England and Wales in 1952 the 206,131 records of primary vaccinations against Smallpox done under one year of age in 1952 represents an infant vaccination acceptance rate of 30.7%, corresponding figures for 1950 and 1951 being 23.8% and 29.6%.

In 1953 there were 284 live births in the Stafford Rural District and 63 children under one were vaccinated, giving an infant vaccination acceptance rate of 22.2% (in 1952, 25.4%). 1953 figures for vaccination in the rural area were as follows :—

	Under 1	1—4	5—14	Over 15	Totals
Vaccinations	63 (72)	7 (16)	6 (5)	4 (12)	80 (105)
Re-Vaccinations	.. — (—)	1 (3)	6 (2)	17 (25)	24 (30)

1952 figures are shown in brackets.

It is felt that routine infant vaccination, together with re-vaccination on entering and leaving school (at ages 5 and 15) would greatly reduce the vulnerability of the community to the spread of smallpox. It would appear that the risk of smallpox today in this country is probably greater than it has been for generations. It is said that the repeal of the Vaccination Acts is producing a largely unvaccinated community, and the ex-Service population offers a host of carriers who are themselves partly immune from former vaccinations to convey the disease in forms giving rise to difficulties in speedy diagnosis. A mild "illness with spots" in an ex-Serviceman may be the picture which smallpox presents, but, conveyed to an unvaccinated person, may reveal itself as smallpox in its most deadly form. Smallpox has become so rare in this country that its high mortality and legacy of dreadful disfigurement are in danger of being forgotten. Vaccination and re-Vaccination is the answer to this situation.

IMMUNISATION AGAINST WHOOPING COUGH

Towards the end of 1953 immunisation against Whooping Cough facilities were made available by the County Council as local health authority. Immunisation involves three injections at monthly intervals between each injection, commencing when the child is four months old, but available for children up to two years of age. The complications and sequelae of Whooping Cough can be very serious in childhood, and parents will wish to take full advantage of the protection which immunisation offers against the infection.

TUBERCULOSIS

The following extract from the Register was taken at the end of December, 1953 (1952 figures in brackets).

1953	Cases of Respiratory Tuberculosis			Cases of Non-Respiratory Tuberculosis			Total of Respiratory and Non-Respiratory Tuberculosis
	M.	F.	Total	M.	F.	Total	
End of December, 1953	34 (28)	19 (13)	53 (41)	2 (3)	7 (5)	9 (8)	62 (49)

Two deaths from Respiratory Tuberculosis occurred in the Rural Area in 1953 ; there were no deaths due to Non-Respiratory Tuberculosis. This gave a death-rate of 0.10 per 1,000 population compared with a figure of 0.20 for England and Wales.

“It is possible to register a qualified optimism with regard to Tuberculosis. So much has been done in the last decade by earlier ascertainment, by a wider range of therapeutic measures, by tentative experiments in prophylaxis and by improved social conditions, that the end of the battle may appear to be in sight.”

Towards the end of 1953 the Minister of Health informed local health authorities in England and Wales that he is prepared to approve schemes for giving B.C.G. vaccination to children before they leave school. Parental permission would of course be necessary and the vaccination of the appropriate children would best be done at the age of 13 years. This would seem to be the initial move towards the provision of wider facilities for obtaining inoculation against tuberculosis. Official permission for the use of B.C.G. vaccination in this country was first given in 1949, but at present it is offered only to Nurses, Medical Staff in hospitals and to the close home contacts of tuberculosis cases, at the discretion of the chest physician in charge. The Medical Research Council has completed extensive controlled trials among school-leavers to assess the protective value of B.C.G. as a means of mass immunisation of persons in ordinary average conditions of life, but the results from these trials will not be known for some time. Local Health Authorities must decide for themselves whether they will formulate schemes. “For, in spite of the fact that many millions of vaccinations have been performed with various forms of the vaccine over the past twenty years, there is still no scientific proof of its value.” It may be reasonably accepted, it is stated, from trials abroad that the vaccine confers some degree of protection against the first infection with virulent tuberculosis germs. It is probable, therefore, that vaccination will lower the incidence of active “primary tuberculosis” in its various forms, such as Meningitis, Miliary Tuberculosis and Primary Tuberculosis Pleurisy. There is, however, much less conclusive evidence that vaccination protects against second or subsequent infections, although some observers believe that the development of post-primary tuberculosis is also made less severe by inoculation. Although the true value of the vaccine is still undecided, it is felt that the evidence is sufficiently suggestive to warrant extending inoculation facilities to older school children so that they may have such protection as the vaccine offers before entering the age group in which the rapid rise in the incidence of tuberculosis occurs.

In England and Wales in 1952 the number of deaths from Tuberculosis in all age groups was less than half the number registered as recently as 1948. The number of deaths from Cancer of the Lung, 14,218, exceeded those caused by Respiratory Tuberculosis, 9,335.

At the beginning of 1952 there were 299,389 notified cases of Tuberculosis (all forms) on clinic registers. By the end of the

England and Wales : Deaths From Tuberculosis

Year	Respiratory			Non-Respiratory			All Forms		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
1939 ..	12,702	8,840	21,542	2,229	1,852	4,081	14,931	10,692	25,623
1948 ..	11,591	7,497	19,088	1,506	1,399	2,905	13,097	8,896	21,993
1949 ..	10,740	6,819	17,559	1,283	1,066	2,349	12,023	7,885	19,908
1950 ..	8,934	5,145	14,079	988	902	1,890	9,922	6,047	15,969
1951 ..	7,903	4,128	12,031	923	852	1,775	8,826	4,980	13,806
1952 ..	6,421	2,914	9,335	693	557	1,250	7,114	3,471	10,585

year this number had increased to 311,702, of whom 25,947 known to have had tubercle bacilli in the sputum within the preceding six months. The number of new cases (all forms) diagnosed as tuberculous during 1952 was 44,525 from 16,865 of whom tubercle bacilli had been recovered. Approximately one out of every seven new cases was detected by examination of contacts. At the end of December, 1952, approximately 30,000 beds were occupied by tuberculous patients. This figure was 2,000 more than in 1950. At the end of 1952, 6,126 patients were awaiting admission to institutions for treatment of Tuberculosis, compared with 7,096 in 1951 and 9,578 in 1950.

Mass Radiography

In 1952, 63 mass radiography units were operating in England and Wales and 2,622,506 civilians were examined by these units, the average number of weekly examinations being 50,433. It is reported that 10,654,554 examinations (6,023,909 males and 4,630,645 females) have been examined in the period from October, 1943, to December, 1952. Ninety-four per cent. males and ninety-six per cent. females were found normal. Since mass radiography was instituted previously unsuspected active respiratory tuberculosis has been revealed in 3.3 per 1,000 (35,640 persons). During 1952 an average of 147 such cases was detected each week, this representing 18 per cent. of all notifications of respiratory tuberculosis. A total of 2,098 cases of intrathoracic malignant disease have been detected since 1943 (1,837 males, 261 females)

Intrathoracic Malignant Disease—Rates per 100,000 Examined by Mass Miniature Radiography

Ages	15—24	25—34	35—44	45—59	60 and over
Males	1	3	11	80	222
Females	2	1	5	21	71

This discovery of intrathoracic malignant disease by Mass Radiography represented a rate per 100,000 examined at all ages over 14 of 31 for males and 6 for females.

Tuberculosis, England and Wales, Death Rates per Million

Period	Respiratory	Non-Respiratory	All Forms
1851—60	2,772	706	3,478
1861—70	2,590	673	3,263
1871—80	2,231	651	2,882
1881—90	1,810	634	2,444
1891—1900	1,418	603	2,021
1901—10	1,143	503	1,646
1911—20	1,007	368	1,375
1921—30	767	225	992
1931—40	548	146	695
1941—50	440	105	545

Tuberculosis—Staffordshire Administrative County

Year	Notifications			Rates per 1,000 Population			Death Rate per 1,000 Population		
	Respira- tory	Non-Resp- iratory	All Forms	Respira- tory	Non-Resp- iratory	All Forms	Respiratory		Non-Respiratory
							Urban	Rural	
1946 ..	636	139	775	0.80	0.17	0.97	0.49	0.28	0.08
1947 ..	681	132	813	0.84	0.16	1.00	0.47	0.28	0.09
1948 ..	728	124	852	0.88	0.15	1.03	0.51	0.33	0.07
1949 ..	713	124	837	0.85	0.15	1.00	0.45	0.22	0.06
1950 ..	706	101	807	0.83	0.12	0.95	0.39	0.20	0.06
1951 ..	778	123	901	0.91	0.14	1.05	0.37	0.12	0.05
1952 ..	712	93	805	0.83	0.11	0.94	0.27	0.07	0.04

National Assistance Act, 1948

During 1953 no action under Section 47 of the above Act was taken by the Council.

The 1% sample of the 1951 Census showed that there were in England and Wales, 5,990,100 men over 65 years of age and women over 60 years, i.e., those of retirement pension age, a proportion of one in seven of the total population. Fifty years ago the proportion was one in seventeen. During this short period there has been a steady increase in the total number of old people and a substantial increase in the proportion. During the same period there has been a lengthening of the expectation of life ; for a new-born male child it is now 67 years and for a female 72 years.

The Royal Commission on Population reported in 1949 that at the end of a further 25 years the number of aged will on certain assumptions have increased by 50% of the present figure. It is calculated that in 1977 there will be between nine and ten million old people in the country, forming a proportion of one in five of the population. It is reported that considerable attention is now being paid to the employment of old people and consideration of a more realistic retirement age. A representative committee has been set up by the Minister of Labour to study the subject. Apparently about 400,000 men between the ages of 65 and 70 are at work, 50% of this age-group, and 175,000 remain at work after the age of 70. It has been stated that "there is no doubt that a sudden break in routine caused by enforced retirement can precipitate physical and mental deterioration and doctors are satisfied that continuation in employment, provided it is suitable to the capabilities of the person concerned, maintains health."

ACCIDENT STATISTICS FOR 1953

Mr. C. R. L. Smith, the Council's Road Safety Organiser, has kindly provided the following report for the year 1953.

"The following table shows the number of accidents occurring in the Stafford Rural District during the year ended 31st December, 1953, together with the corresponding figures for 1952 as shown in brackets :—

Fatal	With Injury	Damage only	Total
1 (5)	76 (97)	120 (91)	197 (193)

The number of persons involved in the above accidents when death or injury was sustained is as follows :—

Fatal	Seriously injured	Slightly injured	Total
1 (5)	36 (44)	122 (87)	159 (136)

The classification of persons injured in the above accidents are :—

				Seriously injured		Slightly injured		Total	
				Fatal					
Pedestrians under 15 year	..	—	(—)	—	(3)	5	(2)	5	(5)
Pedestrians over 15 years	..	—	(—)	1	(—)	2	(5)	3	(5)
Drivers of Motor Vehicles	..	—	(—)	6	(8)	14	(18)	20	(26)
Motor Cyclists .. ..	..	—	(3)	5	(13)	12	(17)	17	(33)
Pillion Passengers ..	..	—	(—)	—	(4)	4	(6)	4	(10)
Pedal Cyclists under 15 years	..	1	(—)	1	(2)	4	(2)	6	(4)
Pedal Cyclists over 15 years	..	—	(—)	8	(8)	8	(13)	16	(21)
Other persons (passengers, etc.)		—	(2)	15	(6)	73	(24)	88	(32)
TOTALS				1	(5)	36	(44)	122	(87)
				159	(136)				

The one thing that, I think, stands out as it were a mile in the minds of us who study the tables above, is the fact that there was a considerable reduction in fatal accidents. It is the only time since statistics have been received by the Council that there has been only one fatal accident throughout the whole 80 odd thousand acres and countless hundreds of miles of roads and lanes—good, bad and indifferent—that make up the Stafford Rural District Council’s area. The fatal accident occurred on the Newport Road, Great Bridgeford, to a small boy.

What else can we see from the tables ; I think the other most important factor is the considerable reduction in 1953 as against 1952 in the number of accidents involving personal injury in every category except “pedal cyclists under 15 years” where the number increases from four to six and “other persons” category where the increase is from 32 to 88. But for two accidents occurring in really bad weather involving two motor buses and 56 passengers injured this category would have remained as the same figure as last year. The other interesting feature is that whilst the number of accidents involving personal injury is considerably lower the number of accidents involving damage only is correspondingly higher, therefore, the total number of accidents is four up on the 1952 figures and indeed is exactly the same number as the total for 1951. I feel, therefore, that with our total accident figures remaining fairly static it does reflect on the good work being undertaken in the road safety sphere in this area because each year sees hundreds of additional vehicles on the already seriously overloaded roads of this country and, of course, the population is also increasing fairly rapidly. Here I would like to state that the 159 persons involved in accidents represents an accident rate of 0.795% of the whole population for the Rural District numbering very nearly 20,000 persons.

The Road Safety Committee has during the year made representations regarding 16 different kinds of road improvements, many of which have been effected, and here I would like again to pay tribute to the generous support and co-operation of the County Surveyor and his staff. 1953 has also seen approval being given by the Ministry of Transport to certain sections of dual carriageway between Stafford and Stoke-on-Trent—certainly called for and welcomed by the many thousands of road users who travel on this very busy road every day. The road safety propaganda campaign has again been carried out and over 10,000 persons have visited various functions organised in the district and some 75,000 various articles of propaganda material have been distributed via every medium known to the Committee. The services of the road safety exhibition is in great demand at many of the fetes and shows given each year as is propaganda material at dances, balls and children's parties—surely a sign that people are taking notice of the campaign.

I would like to mention specifically the names of two gentlemen who have done so much for road safety both in this Rural District and throughout the Midlands. The first is a pleasing duty and that is that 1953 saw the re-election of Councillor G. H. Edwards as Chairman of the Stafford Rural District Council Road Safety Committee for the sixth successive year—in fact he has been Chairman of the Committee since its inception—and the second, it is with deep regret that I announce that in 1953 the death occurred of Mr. Harold Harbage, the Divisional Organiser of the R.S.P.A., a gentleman known throughout the Midlands as a pioneer of the road safety movement and who did everyhting possible to further it.

Finally, let us go forward in the hope that 1954 and the years that follow will see vast improvements in the road conditions of this country and, what I think is equally important, an improvement by the use of more care, courtesy and consideration by us the road users.

I thank Dr. Thomson, Medical Officer of Health, for allowing me this space in his report."

Statistical information given by the Royal Society for the Prevention of Accidents showed that in spite of a large increase in volume of traffic, an increase in population and in the number of vehicles licensed, road casualties in Great Britain in 1953 were below the level for 1938. It is shown that deaths on the roads, 5,090, were 23% below 1938, and total casualties, 226,770, 3% below 1938. The figure of deaths for 1953 represents an average of 14 persons killed each day and 607 persons were injured daily. In spite of the improvement over 1938 there was an increase in 1953 compared with 1952 of 8% in deaths, 12% in serious injuries and 8% in slight injuries. This rise in casualty rate over 1952 was shared among all classes of

road-users and the upward trend affected (a) unrestricted roads more than roads with a speed limit ; (b) hours of darkness more than other hours ; (c) private vehicles (cars and motor-cycles) more than other vehicles ; (d) adolescents and young adults more than other age-groups. Road casualties to children in 1953 were 44,246, an increase of 3,319 (8%) over 1952 ; deaths were 797 (an increase of 11 or 1%). Serious injuries were 9,689 (an increase of 1,059 or 12%) and slight injuries 33,760 (an increase of 2,249 or 7%). In 1953, casualties during "Road Safety Week" numbered 5,908, 158 of which were fatal.

The World Health Organisation in a recent report states that transport accidents—more than 70% of them on the roads—rank with tuberculosis as a cause of death in some countries. These accidents represent one of the biggest single causes of death in certain age groups particularly among children and people between 15 and 24.

Mortality Rate per 100,000 due to Road Accidents

Country		All Ages	Under 5	5—14 yrs.	15—24 yrs.
Australia (1951)	..	24.4	9.7	6.4	45.5
United States (1949)	..	20.8	8.5	8.5	29.9
Canada (1952)	..	20.0	14.4	13.3	26.1
New Zealand (1952)	..	13.1	7.4	4.0	27.2
South Africa (1950)	..	11.6	5.4	4.9	20.4
England & Wales (1951)		10.0	8.2	6.9	13.9
Scotland (1951)	..	9.9	12.7	13.1	9.6

During 1952 in England and Wales 5,226 persons died as a result of an accident in the home or a residential institution. 16% of fatalities occur in children under five and 66% in people over 65 years of age. In 1952, as in former years, more children under 15 years died from accidents in their homes than were killed on the roads. It remains true that between the ages of one and five a fatal home accident is the third largest cause of death. A number of local authorities are showing an active interest in accident prevention, and the initiative has been taken by the Royal Society for the Prevention of Accidents. Surveys of domestic accidents are being conducted and methods of prevention studied. The Heating Appliances (Fireguards) Act, 1952, is a great advance in the prevention of burning accidents in the home.

SANITARY CIRCUMSTANCES OF THE AREA

TOTAL NUMBER OF DWELLINGS IN RURAL DISTRICT	..	4,650
No. of Farmhouses	.. .. .	661
No. of Dwellings other than Farmhouses	..	3,989

STATE OF FITNESS OF DWELLINGS :

Houses satisfactory in all respects	.. .. .	1,168
Houses with minor defects	.. .. .	1,090
Houses requiring repair of major character	.. ..	882
Houses suitable for reconditioning	.. .. .	373
Houses unfit for habitation and beyond repair at reasonable cost	.. .. .	476
		<hr/>
(Note—No Figures are available under this sub-heading for farmhouses)	.. .. .	3,989

SANITARY SERVICES :

Water Supply :

Houses on Public Mains	.. .. .	2,914
Houses on Private Mains	.. .. .	131
Houses on Private Borehole	.. .. .	117
Houses on Well Water, Spring or other Supply	..	1,488
		<hr/>
		4,650

Sewerage and Drainage :

No. of Houses

(a) Connected to Sewer	.. .. .	1,387
(b) Connected to Septic Tank or Ditch	.. ..	3,101
(c) Without Drainage	.. .. .	162
		<hr/>
		4,650

CLOSET ACCOMMODATION, ETC. :

Houses with—

Water Closet	.. .. .	2,220
Pail Closet or Fixed Privy	.. .. .	2,300
Waste Water Closet	.. .. .	28
Elsan Closet	.. .. .	102
		<hr/>
		4,650

Houses without—

Sink	.. .. .	110
Bath	.. .. .	2,181

SANITARY INSPECTION—SUMMARY OF VISITS

Inspection of Dwelling Houses	932
These Inspections were for the following purposes :—	
(a) Slum Clearance	53
(b) Inspection of Houses for defects (excluding Hobhouse Survey)	81
(c) Re-inspection of Houses as to Repairs ..	282
(d) Inspections of living Vans and Sheds ..	202
(e) Inspection of Sercvie Buildings occupied by Squatters	30
(f) Overcrowding and Housing Applications ..	204
(g) Re-tenanting of Vacant Dwellings	21
(h) Verminous and Dirty Dwellings	59
	932
Inspection of Premises for and re Nuisances	126
Drainage Inspections	426
New Drains Laid and Examined	12
Visits re Food Supply—Meat	136
do. do. Ice-Cream	32
do. do. Other Foods	25
do. do. Cafes	17
Infection of Milk Supply	22
Dairies	21
Infectious Diseases	83
Visits re Water Supply	141
Samples of Water taken for Chemical and Bacteriological Examination	105
Refuse Tips—Supervision	350
Refuse and Salvage Collection	316
Factories (including Bakehouses) and Outworkers	12
Knackers' Yards	10
Petroleum Stores	30
Rat Infestations	451
Fumigations	10
Keeping of Animals	17
Shops Acts	26
Accumulation of Refuse	65
Miscellaneous Visits	101
	3,466

PARISH STATISTICS AND SERVICES

Parish	Approx. popula- tion in Parish	No. of houses in Parish	Amenity	Public Health Services to Parish or part of Parish					Water supplied direct to house		Water supplied by standpipe		Total Dwell- ings on main	Parish
									No. of houses	Popula- tion	No. of houses	Popula- tion		
Adbaston	619	166	R	RW		El		RC	86	339	—	—	86	Adbaston
Berkswich	1,265	330	SR	BW	S	El	G	RC	324	1,288	4	18	328	Berkswich
Bradley	322	83	R			El		RC	—	—	—	—	—	Bradley
Brocton	805	210	SR	BW		El	G	RC	203	824	4	11	207	Brocton
Castle Church ..	751	184	SR	BW	S	El	G	RC	168	706	—	—	168	Castle Church
Church Eaton ..	1,007*	260	R	SW	S	El		RC	80	300	19	70	99	Church Eaton
Colwich	1,781	471	SR	BW	S	El		RC	402	1,610	30	120	432	Colwich
Creswell	322	89	SR	BW	S	El	G	RC	87	316	—	—	87	Creswell
Ellenhall	172	51	R			El		RC	—	—	—	—	—	Ellenhall
Forton	716	196	R	RW	S	El	G	RC	86	356	—	—	86	Forton
Fradswell	155	45	R			El		RC	—	—	—	—	—	Fradswell
Gayton	190	51	R			El		RC	—	—	—	—	—	Gayton
Gnosall	2,331	661	R	RW	S	El		RC	550	1,955	—	—	550	Gnosall
Haughton	537	163	R		S	El		RC	—	—	—	—	—	Haughton
High Offley ..	750	214	R	RW		El		RC	149	472	—	—	149	High Offley
Hopton & Coton ..	3,406*	252	SR	BW	S	El	G	RC	238	793	8	30	246	Hopton & Coton
Ingestre	139	46	R	IW	S	El		RC	46	139	—	—	46	Ingestre
Marston	208	47	R	CCW		El		RC	31	130	—	—	31	Marston
Norbury	291	86	R	RW	S	El		RC	60	219	—	—	60	Norbury
Ranton	276	66	R			El		RC	—	—	—	—	—	Ranton
Salt and Enson ..	386	95	R	IW	S	El		RC	51	170	—	—	51	Salt & Enson
Seighford	1,120	315	R	BW	S	El		RC	242	816	—	—	242	Seighford
Stowe	1,400*	360	R	BW	S	El		RC	115	413	—	—	115	Stowe
Tixall	206	46	R	BW		El	G	RC	38	186	—	—	38	Tixall
Weston	418	113	R			El		RC	—	—	—	—	—	Weston
Whitgreave ..	217	50	R	CCW		El		RC	24	105	—	—	24	Whitgreave
TOTALS	19,790	4,650							2,980	11,137	65	249	3,045	

*Include Polish Hostel occupants, H.M. Forces, etc.

REFERENCES

R Rural
SR Semi-Rural

RW Stafford R.D.C. Hollies Water Supply
BW Stafford Borough Water Supply
SW Stafford R.D.C. Church Eaton Bore Supply
IW Ingestre Private Piped Supply
CCW Staffs. C.C. Yarlet Bank Private Supply

S Sewerage
El Electricity
G Gas
RC Refuse Collection

NOTICES SERVED DURING YEAR :

	No. Served	No. complied with
Informal Notices and Letters as to general matters	58	49
Informal Notices to provide Dustbins ..	16	15
Statutory Notices served under Public Health Act, 1936	1	3*

*Two of these were served in 1952 and related to the same dwelling.

COMPLAINTS RECEIVED AND DEALT WITH DURING THE YEAR :

Total number received	74
As to Repairs to Dwellings ..	12
Others	62

WATER SUPPLY

The public mains supplies are solely from this Council's boreholes at The Hollies, Gnosall, and from the Stafford Borough Council's wells and boreholes at Milford. Both these supplies were satisfactory in quality and quantity. The latter supply only is chlorinated.

The length of distribution mains now in operation in the Council's Western Area Water Scheme (based on The Hollies boreholes) is 43.68 miles and the length of mains in the Eastern Area—other than those in the Stafford Borough Supply Area—is 2.35 miles.

Private mains supplies are given to Ingestre and Salt and Enson (from Ingestre Estate Supply) and to Marston and Whitgreave (from Staffordshire County Council Yarlet Bank supply).

The supplies to those dwellings dependent on individual wells and springs, are frequently unsatisfactory in both quality and quantity.

Samples of drinking water taken during the year, together with results, are as follows :—

	Number of Samples taken for Bacteriological Exam. and Chemical Analysis	RESULTS		
		Fit	Unfit	Borderline
Wells (Private) ..	37	6	29	2
Springs (Private) ..	5	2	2	1
Boreholes (Private)	1	1	0	0
Main Supplies :				
(a) Public ..	58	37	3	18
(b) Private ..	4	2	1	1
	105	48	35	22

Examples of examination of the public and private mains supplies are given in the table on page 39. The number of dwellings supplied from mains at December, 1953, (a) direct to the houses and (b) by means of stand pipes are shown in the table following page 36.

SAMPLES TAKEN FROM THE PUBLIC AND PRIVATE MAINS SUPPLIES IN THE AREA

		Public Supplies		Private Supplies	STAFFS. COUNTY COUNCIL (Yarlet Bank) SUPPLY (Taken from tap, No. 27 Holding, Yarlet) Sample No. 557
HOLLIES BORE STAFFORD R.D.C. (Taken direct from pump at bore) Sample No. 519		STAFFORD BOROUGH SUPPLY (Taken from and by Stafford Borough)		INGESTRE ESTATE SUPPLY (Taken from tap, Ivy Cottage, Ingestre) Sample No. 636	
Date and Hour of Collection ..		29.9.53—9.40 a.m.		30.12.53—2.50 p.m.	19.5.53—10.30 a.m.
BACTERIOLOGICAL EXAMINATION		Nil		90 (non-faecal coli)	Nil
Probable number of coliform bacilli, MacConkey 2 days 37°C.		7.3 Parts per 100,000 40.0 Nil Nil 0.30 2.05		7.4 Parts per 100,000 37.0 0.0012 0.0004 0.25 8.1	7.1 Parts per 100,000 61.0 Nil 0.0012 0.30 1.50
CHEMICAL ANALYSIS		0.006 Minute trace of suspended matter		0.012 No colour	0.013 Minute trace of suspended matter. clear and colourless
pH Value		None 23.5° 13.0° 10.5°		Nil 14.2° 8.0° 6.2°	Nil 38.1° 19.0° 19.1°
Total Solid Matter Dried at 212°F					
Free and Saline Ammonia ..					
Albuminoid					
Nitric Nitrogen					
Chlorine present as Chloride ..					
Oxygen absorbed in 4 hours at 80°F.					
Appearance					
Metallic Contamination ..					
Total Hardness					
Permanent Hardness ..					
Temporary Hardness ..					

SEWERAGE

During the year the installation by the Council of a sewerage system to serve 26 dwellings at Norbury, was completed. Schemes were also prepared and adopted for the sewerage of Milford, Walton and Brocton, Great Haywood, Church Eaton, Gnosall (Audmore, Stafford Road and Gnosall Heath) and Great Bridgeford. The schemes for Milford, Walton and Brocton and Gnosall and Great Bridgeford have since been approved by the Ministry.

At the present time the greater number of houses in the area are drained to cesspools or septic tanks and soakaways in the gardens of the houses. The serious danger to health caused by the continually overflowing septic tanks in the Berkswich and Brocton parishes and, to a lesser degree, in other parts of the area, and the flow of untreated sewage into ditches, river and canal in the Colwich and Stowe parishes and elsewhere must again be emphasised. A remedy of these conditions is anticipated, however, in the near future. It will be noted that the Ministry of Housing and Local Government held early in 1953 a public enquiry into the sewerage of these areas, by a comprehensive scheme based on sewage works at Tixall, but this was turned down by the Ministry. As a result alternative schemes were submitted separately for Milford, Walton and Brocton and for Great Haywood.

The number of dwellings sewered and the number of W.C's, etc., in the area are shown on page 35.

REFUSE AND SALVAGE COLLECTION

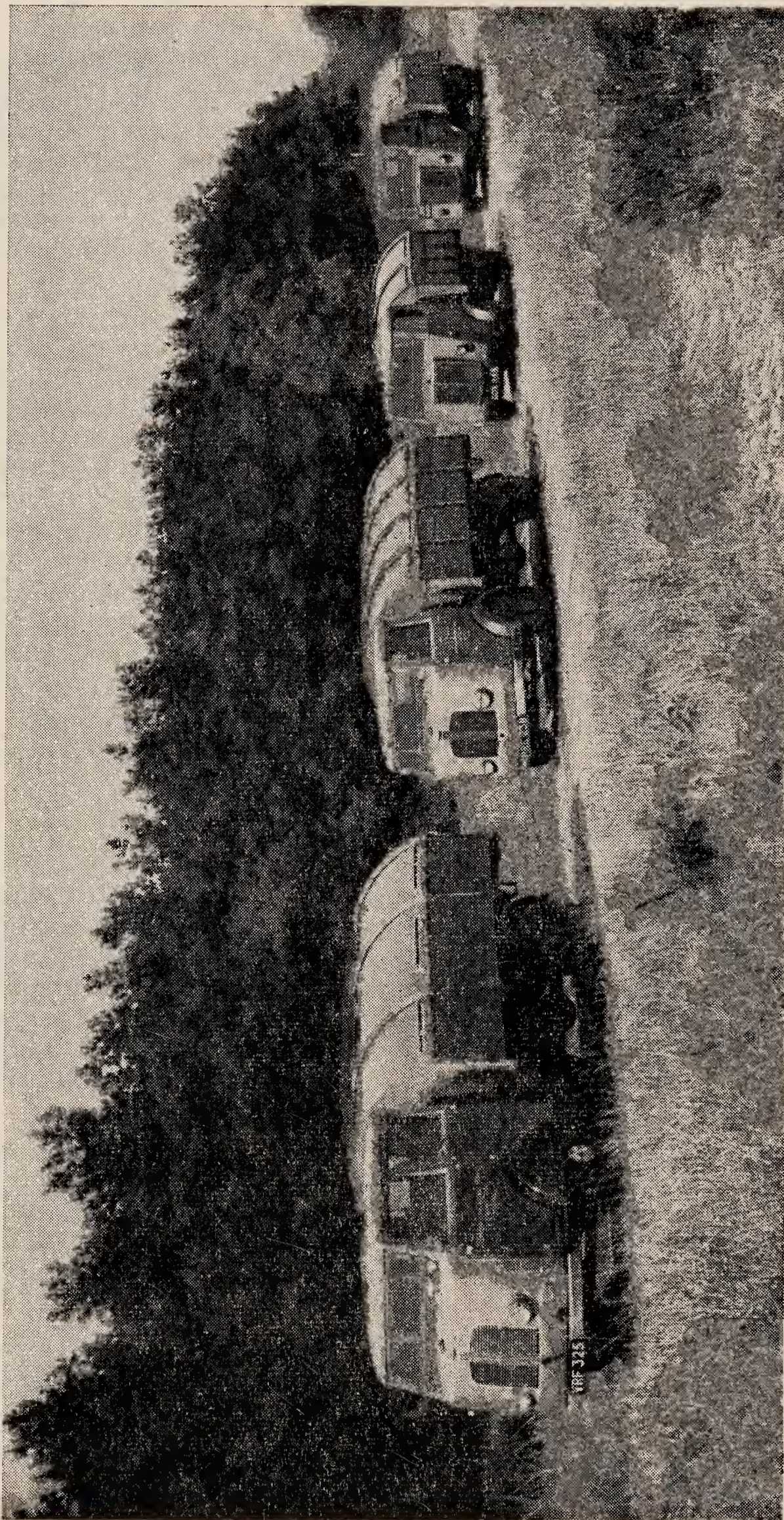
The collection of house refuse was carried out by direct labour from all the villages and built-up areas of the Council's district. Four modern type low-loading refuse collection vehicles—two of 7 cub. yd. capacity (2-man cabs), one of 12 cub. yd. capacity (2-man cab) and one of 10 cub. yd. capacity (6-man cab)—were employed. The purchase dates of the vehicles are 1942, 1947, 1948 and 1951, respectively. Eleven men were engaged on this work and in levelling and soil-covering tips.

About 3,400 dwellings received the service, approximately half of these being serviced approximately weekly and the remainder fortnightly. The fortnightly collections were made on the same day of the week. The few dwellings which do not receive the service are in isolated positions as the service cannot embrace such dwellings except at excessive additional cost.

It is contended that the provision of a satisfactory and regular refuse collection service to a district so vast as this—the total mileage covered in the year being approximately 30,000—is no mean achievement. Approximately 2,300 tons of refuse were collected during the year.

With the help of a Commer tipper lorry, which was used for general work, the several refuse tips were kept in reasonably good order and steps were regularly taken to keep the refuse tips rat-free by poisoning methods during the year.

Salvage Collection. The demand for and value of salvaged paper decreased greatly in 1953 and only 23 tons 7 cwts. were despatched representing an income of £73 6s. 6d.



Stafford R.D.C. Refuse Vehicles in use in 1953

HOUSING

New Houses erected or provided during 1953 :—

(a)	by Local Authority (Permanent Houses)	..	86
	These were at Adbaston 2, Gnosall 34, Woodseaves 24, Hixon 22, Lea Heath 4.		
(b)	by Local Authority (by conversion of military buildings at Little Onn)	.. .. .	80
(c)	by Private Enterprise	.. .. .	37
	These were at Adbaston 1, Berkswich 3, Bradley 1, Brocton 7, Castle Church 8, Colwich 6, Forton 1, Ingestre 2, Seighford 6, Stowe 2.		
(d)	by C.C. for Police Force (at Hopton)	.. ..	1
			204

Existing Dwellings.—Much time was devoted by the Sanitary Inspectors to existing housing conditions. A number of overcrowded cases and other families living in insanitary conditions were rehoused to better accommodation and many dwellings were repaired and improved by the efforts of the department.

One hutment dwelling was closed by Housing Act, 1936 (Section 11) procedure and two dwellings by informal action.

Extensive and detailed records of the dwellings in the district are kept in the department. Information as to the condition of the dwellings in the area is given on page 35.

Clearance Areas—During the year 15 dwellings in Stowe Parish and 11 dwellings in Weston Parish (in all comprising five Clearance Areas) were represented under Section 25 of the Housing Act, 1936, as being, by reason of disrepair and sanitary defects, unfit for human habitation and not capable at reasonable expense of being rendered fit.

The Ministry of Housing and Local Government Circular 30/54 dated 22nd March, 1954, requests local authorities to take up again, as a matter of urgency, the campaign of slum clearance which the war interrupted. The graph on page (following) shows at a glance the “blackspots” of housing in the rural area both as regards clearance and repairs to dwellings.

FACTORIES ACT, 1937 and 1948

The following shows the number and type of factories in the area :—

Premises	Number on Register	Number of Inspections during 1953
(i) Non-Mechanical	2	0
(ii) Mechanical Factories	37	12
TOTAL	39	12

In two instances unsuitable sanitary conveniences were found and these were remedied during the year. Only five of the factories are of any size.

No outworkers were employed in the district of the Council during the year.

Six factories in the area are granted Certificates that sufficient means of Fire Escape are provided and there were no contraventions in this respect.

PETROLEUM ACTS

Eighty-seven Licences were issued during the year for the bulk storage of 60,516 gallons of motor spirit. 61 of the licensed premises had hand-pumps fitted to storage tanks, 25 had electric pumps and one stored in metal barrels and containers.

RODENT CONTROL

The Council provides a free service of rat disinfection to residential property, while the treatment of some of the farms in the area is executed by the Ministry of Agriculture and Fisheries by contract. The cost of treating other properties by the Council is re-charged to the occupiers.

Infestations which were treated by the department during 1953 were:—

Private Residential Property	34
R.D.C. Refuse Tips and Sewage Works ..	5

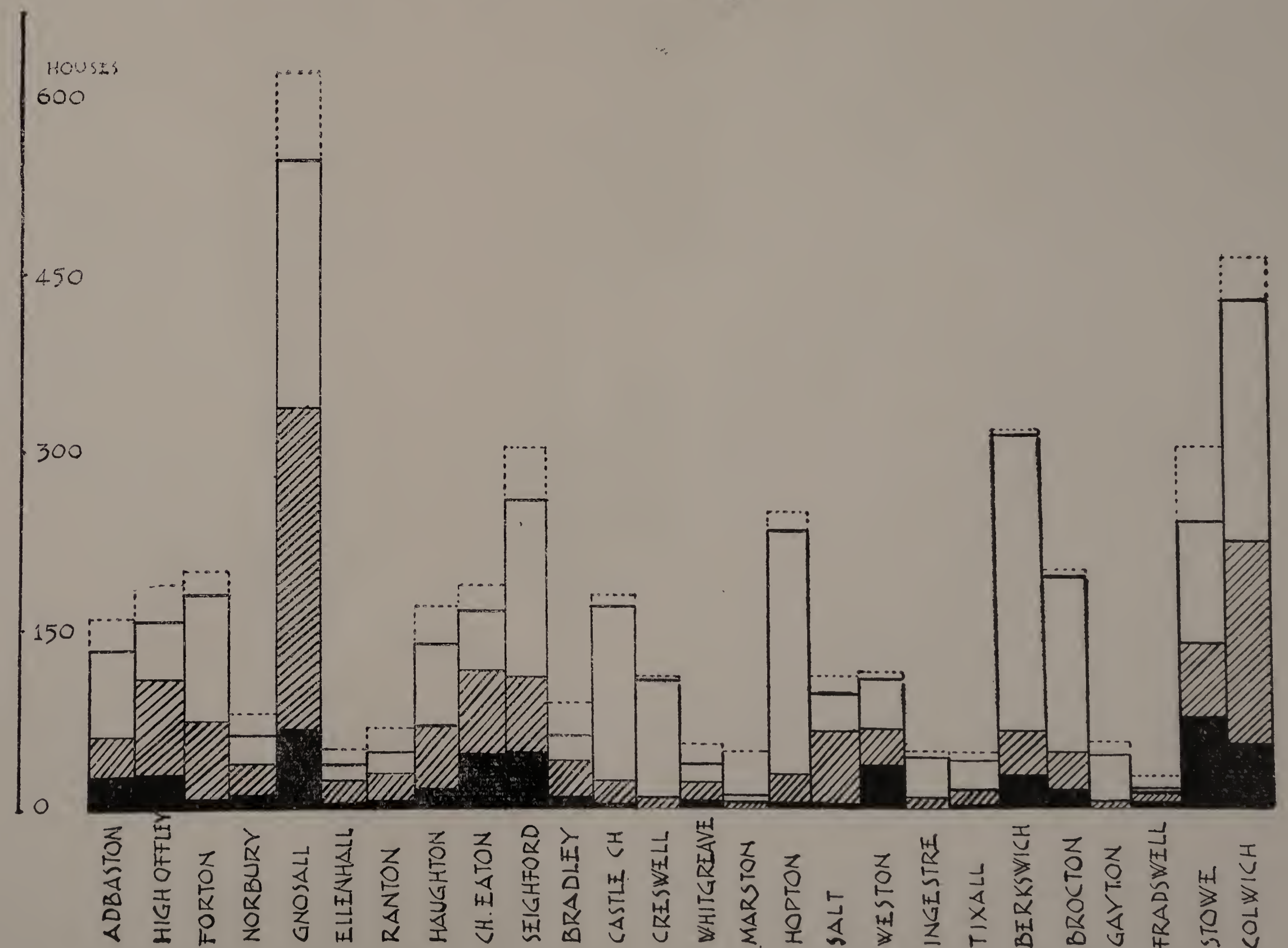
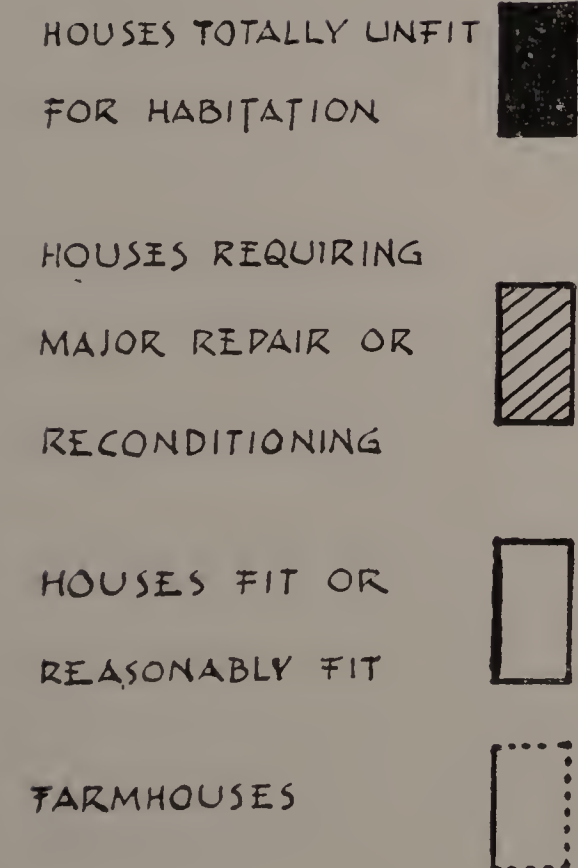
The public sewers were tested for rats during the year with negative results.

STAFFORD R.D.C.

MAP SCALE 1 INCH = 3 MILES.



HOUSING



SHOPS ACTS, 1912—1950

The following table gives an analysis of the total number of shops and the number of inspections made during the year.

	No. of Shops	No. of Assistants				No. of Inspections
		Occupier's family		Others		
		Male	Female	Male	Female	
Butchers	6	8	2	4	—	3
Catering Establishments	15	3	14	1	4	1
Electricians	1	1	—	1	—	1
Fruit and Vegetables ..	3	3	2	—	1	—
Sweets and Tobacco ..	11	5	8	—	—	—
General Provisions ..	45	29	47	8	12	8
Public Houses	48	46	53	—	1	4
Drapers	2	—	2	—	1	—
Garages and Cycles ..	16	17	1	9	—	8
Hairdresser	1	—	1	—	—	—
Post Offices	14	9	13	—	—	1
Shoe Repairs	2	2	—	—	—	—
	164	123	143	23	19	26

Closing Hours

(a) EARLY CLOSING DAY

The Council has not made an order fixing an early closing day and the number of shops closed half days (by 1 p.m.) was as follows :—

MON.	TUES.	WED.	THURS.	FRI.	SAT.
5	24	26	4	—	21

(b) GENERAL CLOSING HOURS

The General Closing Hours specified in the Shops Act, 1950 (Section 2) have not been varied by an order made by the Council.

At the beginning of the year there were only four young persons (ages 16—18 years) employed, these being at :—

General Provisions Stores	..	..	2
Fruit and Vegetable	..	..	1
Garage	..	..	1

No contraventions of note were found during the year.

MOVEABLE DWELLINGS

Of applications received for licences under the Public Health Act, 1936, to station and use vans as dwellings, 67 were granted, these being subject to various conditions as to siting, sanitary facilities, etc., and all were granted for a twelve months period or less. Twenty-four of these vans left the district before the end of the year. Six other applications were received but refused.

The licensed vans were fairly well scattered over the council's area, were satisfactorily kept and created no nuisance. No site licences have been granted.

FOOD INSPECTION

Particulars of food inspected during the year :

MEAT—CARCASSES INSPECTED AND CONDEMNED

		Cows	Heifers & Bullocks	Bulls	Calves	Sheep	Pigs	Horses
	No. killed and inspected	71	23	1	4	24	9	127
Meat condemned due to :— Tuberculosis	Whole carcase condemned ..	13	4	—	—	—	1	—
	Part carcase or organ condemned ..	—	1	—	—	—	—	—
	Percentage of the number inspected affected with tuberculosis	18.5	21.7	—	—	—	11.1	—
Johne's Disease	Whole carcase condemned ..	6	1	—	—	—	—	—
	Part carcase or organ condemned ..	—	—	—	—	—	—	—
Septicaemia, Fevered conditions (Metritis, Wiring, Mastitis, etc.)	Whole carcase condemned ..	29	7	—	—	16	1	1
	Part carcase or organ condemned ..	—	—	—	—	—	—	—
Other Diseases and conditions (Jaundice, Tumours Immaturity, etc.)	Whole carcase condemned ..	4	—	—	2	2	—	2
	Part carcase or organ condemned ..	—	—	—	—	—	—	—
Imperfect Bleeding (Moribund Animals, etc.)	Whole carcase condemned ..	4	1	—	—	4	3	—
	Part carcase or organ condemned ..	—	—	—	—	—	—	—
Mechanical Injuries and Bruising	Whole carcase condemned ..	10	3	—	—	—	—	1
	Part carcase or organ condemned ..	—	1	1	—	—	—	—
Localised conditions of Organs (abscesses, pneumonia, mastitis, etc.)	Whole carcase condemned ..	1	—	—	—	—	—	—
	Part carcase or organ condemned ..	3	1	—	—	—	1	—

The above animals were killed and examined at a Casualty Slaughterhouse in the area, which is the reason for the high percentage of meat condemned.

Weight of Meat (excluding horses) condemned due to :—

(a) Tuberculosis	8,540 lbs.	
(b) Other Diseases or conditions ..	35,082 lbs.	
		<hr/>
		43,622 lbs.
Weight of Horseflesh condemned ..		2,450 lbs.
Weight of other Food Condemned ..		71 lbs.
		<hr/>
Total weight of Food Condemned ..		46,143 lbs.
		<hr/>

Five slaughterhouses were licensed by this Council for the use of private pig-keepers. These licences were additional to the licence granted year by year to the Casualty Slaughterhouse in the district. This Slaughterhouse continued to be kept in a manner satisfactory to this department. Licences were also granted for the use during the year of two Knacker's Yards in the area. Thirty-three men were licensed to stun and slaughter animals under the Slaughter of Animals Act, 1933.

Food Preparing Premises and Food Shops

There were only three premises in the area manufacturing prepared meats and two premises in which ice-cream was manufactured. These continued to be satisfactory. They—together with 30 shops from which ice-cream is sold—are registered by the Council in conformity with the Food and Drugs Act, 1938.

Byelaws as to handling, wrapping and delivery of food and sale of food in the open air are in operation in the area of the Council. Routine inspections of shops, vehicles and places where food is prepared were made during the year.

Samples of ice-cream were taken at regular intervals during the "season" with results as follows :—

BACTERIOLOGICAL EXAMINATION

	Grade			
	1	2	3	4
	<hr/>			
Six samples taken from the two manufacturers in Rural District (3 samples from each)	6	—	—	—
Thirteen samples taken from the five manufacturers whose premises are without the Rural District but supply to Rural District	11	1	1	—

The Public Health Laboratory Service suggest that over a six-monthly period, 50% of a vendor's samples should fall into Grade 1, 80% into Grades 1 or 2, not more than 20% into Grade 3, and none into Grade 4. All makes of ice-cream complied with the foregoing standard.

Food Poisoning.—There were two non-related cases of food poisoning notified during the year.

MILK AND DAIRIES REGULATIONS

The table following gives particulars of the registrations and licences granted by the Council :—

MILK AND DAIRIES REGULATIONS, 1949 :—

No. of Distributors of Milk with Dairies in Stafford R.D.C. area	9
No. of Distributors having Dairies outside R.D.C. area	23

MILK (SPECIAL DESIGNATION) REGULATIONS, 1949 :—

No. Licensed to sell (a) Tuberculin Tested Milk	31
(b) Pasteurised Milk ..	28
(c) Sterilised Milk ..	11

Quite a number of farmers retail their own Tuberculin Tested milk through their Producers' Licence granted by the Ministry of Agriculture and Fisheries and these are additional to the figures above.

The following table gives the results of milk samples examined for *Brucella abortus* in 1952 in the Staffordshire Administrative County.

Designation	Total No. of Samples Tested	No. of Negative Samples	No. of Positive Samples	% of Positive Samples
Pasteurised ..	124	124	—	—
Tuberculin Tested ..	308	287	21	6.8%
Accredited	245	227	18	7.3%
Undesignated ..	1,601	1,492	109	6.8%
Total Number all Milks submitted ..	2,278	2,130	148	6.96%

The above table lends point to the observation of the Chief Medical Officer to the Ministry of Health that the warranty implied in the grading of Tuberculin Tested Milk is a very limited one and does not extend beyond a presumptive freedom from Tuberculosis. Such milk may contain any of the other pathogenic bacteria and unless it is pasteurised it is quite as dangerous to drink as unpasteurised milk from a herd which has not been tested.

In his Annual Report for 1952 the County Medical Officer has commented that in the case of a cow excreting *Brucella abortus* there is no power to have the affected animal slaughtered, and that the farmer's action is usually either to sell the animal and it continues to secrete infected milk elsewhere, or the more conscientious or enlightened farmer removes the animal from the herd and fattens it for slaughter.

It is reported that milks supplied to schools in Staffordshire Administrative County are sampled twice a term after delivery to the schools, and that at the end of 1952 the types of milk being supplied were :—

Type of Milk				Schools or Departments	Children Supplied
Tuberculin Tested	..	..	..	13	2,532
Accredited ..	..	..	..	13	802
Pasteurised	..	..	..	534	88,768
Undesignated	..	..	..	1	11
Total	..	..	..	561	92,113

The following Table, published by the County Medical Officer, gives the results of street sampling of ungraded milk in 1952.

Rural Districts	No. of Samples Sub- mitted	Results of Examination					
		Cleanliness			Tubercle Bacilli		
		Satis'y	Un- satis'y	% Un- satis'y	No. Sub- mitted	Positive	% Positive
Stafford ..	98	73	25	25.5	72	2	2.8
Cannock..	107	88	19	17.8	82	2	2.4
Cheadle ..	421	335	86	20.4	308	6	1.9
Leek ..	240	193	47	19.6	224	5	2.2
Lichfield .	126	106	20	15.9	100	4	4.0
Newcastle	103	93	10	9.7	92	2	2.2
Seisdon ..	41	39	2	4.9	38	2	5.3
Stone ..	78	56	22	28.2	66	1	1.5
Tutbury	79	64	15	19.0	66	5	7.6
Uttoxeter	87	67	20	23.0	70	2	2.9

Consumption of Pasteurised Milk.—It is estimated that approximately two-thirds of the Stafford Rural District population consume pasteurised or sterilised milk. For comparison purposes the following table has been prepared :—

Percentage of Heat Treated and Raw Milk Consumed

	Pasteurised & Sterilised	Raw
Stafford R.D.C.	70%	30%
Admin. County of London	Near 100%	Almost Nil
England and Wales (Year ended 30.9.51)	81%	19%
Scotland (Year ended 30.9.51)	67%	33%

Milk Sampling.—Routine “Street” samples taken in the rural district during the year by County Council sampling officers resulted as follows :—

	Bacteriological Examinations			Examinations for Tuberculosis		
	No. Samples Taken	No. Passing	No. Failing	No. Samples Taken	No. Negative	No. Positive
Distributors (Mostly Heat-treated Milk) . .	119	110	9	42	38	4
Farmer-Retailers (all Raw Milk) . .	158	120	38*	154	148	6

*These failures were undesignated milk supplies, samples from which were submitted to the Methylene Blue test for designated milk.

Notices were served under Regulation 20 of the Milk and Dairies Regulations, 1949, requiring heat treatment of the milk in nine of the ten instances where the milk was found to be infected with tuberculosis. All these notices were withdrawn on your Medical Officer of Health being satisfied that the supply in each case was no longer likely to cause disease through infection. In the remaining instance the milk was already being sent away for heat treatment.

A. THOMSON,
Medical Officer of Health.

G. M. LAWTON,
Chief Sanitary Inspector.

INDEX

	PAGE
Deaths	7
Diphtheria Immunisation	24
Factories	44
Food Inspection	47
Food Shops and Preparing Premises	47
Food Poisoning	48
Housing—General	43
Industries	4
Infectious Diseases	17
Ice-Cream	47
Moveable Dwellings.. .. .	46
Milk and Dairies	48
Notices Served	50
Public Health Committee, Officials	3
Petroleum Spirit, Storage of	44
Refuse and Salvage Collection	40
Road Safety	31
Rodent Control	44
Statistics, General	4
Statistics, Vital	6
Sanitary Circumstances and Services	35
Sanitary Inspections	36
Sewerage	40
Shops Acts and Inspections	45
Slaughter Houses and Knackers' Yards	47
Tuberculosis	26
Vaccination	25
Water Supply	37

